## BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR								10/4					
Effective January 1, 2003								10/628587					
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN	
			(Column	1 1)	(Colu	ımn 2)		TYPE		OR SMALL ENTI			
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA	ĺ	BASIC FE	<b>\$</b> 375	OR	BASIC FEE	\$750	
TOTAL CHARGEABLE CLAIMS			22 mi	nus 20=	*	•		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			# m	inus 3 =	•			X42=		OR	X84=		
Mi	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		1	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	<del>                                     </del>	OR	TOTAL		
CLAIMS AS AMENDED - PART II								TOTAL	L	JOH		TUAN	
•	2/9/14	(Column 1)	EIIDE	(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 22	Minus	- 22	)	Ė	M	X\$ 9=		OF	X\$18=		
	Independent	• 4	Minus	*** 1/2	,	=		X42=		OR	X84=~		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>!</b>	+140=	1		+280=		
								TOTAL	<del> </del>	OR	TOTAL		
1	20 16	20 24 20						ODIT. FEE		OR	ADDIT. FEE		
	CLAIMS HIGHEST (Column 3)								T-:				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 23	Minus	- 26	3	= /	] [	X\$ 9=		OR	X\$18=		
	Independent	Pendent + / Minus +++ T PRESENTATION OF MULTIPLE DEPENDEN			<u>CL A134</u>			X42=		OR	X84=		
	THO FREDERIATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
							L	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								JUIII FEE		, ,	avvii. reci		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	ph.		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	AAA		2		X42=		ŀ	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
	itha anto la activ		+140=		OR	+280=							
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT, FEE		
	i the "Highest Nut The "Highest Nutt	mber Previously Pai ber Previously Pai	ug For IN THI d For" (Total or	S SPACE is Independer	iess tha nt) is the	n 3, enter "3." highest number		DDIT. FEE	propriate box				
							•					1	